

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

| | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------|--------------------------------------------------------------|---------------------------|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------|--|---------------------------------------|-------------------|--------------------------------------------|--|--|------------------------------------------|--|-------------------------|--------------------|--------------------------|----------------------|--|--|--|
| 1. NAME OF COMMITTEE IN FULL MCMULLIN FOR PRESIDENT COMMITTEE INC. | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS (number and street) 119 SOUTH MONROE STREET SUITE 300 | | | | | | | | | | | | | | | | | | | | | | | |
| CITY TALLAHASSEE | | STATE FL | | ZIP CODE 32301 | | | | | | | | | | | | | | | | | | | |
| 2. NAME OF CANDIDATE Evan, McMullin, , , | | | 3. OFFICE SOUGHT (State and District) Presidential | | | | | | | | | | | | | | | | | | | | |
| | | | 4. FEC IDENTIFICATION NUMBER C00623884 | | | | | | | | | | | | | | | | | | | | |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____ | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> A. FULL NAME Louise, Mensch, , , </td> <td colspan="2"> Name of Employer News Corp </td> <td rowspan="2"> Date (month, day, year) 10/27/2016 </td> <td rowspan="2"> Amount 2000.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 116 West 80th St </td> <td colspan="2"> Transaction ID : WFT20169281731-1 </td> </tr> <tr> <td> CITY New York </td> <td> STATE NY </td> <td> ZIP CODE 10024 </td> <td colspan="2"> Occupation Writer </td> <td></td> <td></td> </tr> </table> | | | | | A. FULL NAME Louise, Mensch, , , | | | Name of Employer News Corp | | Date (month, day, year) 10/27/2016 | Amount 2000.00 | MAILING ADDRESS 116 West 80th St | | | Transaction ID : WFT20169281731-1 | | CITY New York | STATE NY | ZIP CODE 10024 | Occupation Writer | | | |
| A. FULL NAME Louise, Mensch, , , | | | Name of Employer News Corp | | Date (month, day, year) 10/27/2016 | Amount 2000.00 | | | | | | | | | | | | | | | | | |
| MAILING ADDRESS 116 West 80th St | | | Transaction ID : WFT20169281731-1 | | | | | | | | | | | | | | | | | | | | |
| CITY New York | STATE NY | ZIP CODE 10024 | Occupation Writer | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> B. FULL NAME </td> <td colspan="2"> Name of Employer </td> <td rowspan="2"> Date (month, day, year) </td> <td rowspan="2"> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS </td> <td colspan="2"></td> </tr> <tr> <td> CITY </td> <td> STATE </td> <td> ZIP CODE </td> <td colspan="2"> Occupation </td> <td></td> <td></td> </tr> </table> | | | | | B. FULL NAME | | | Name of Employer | | Date (month, day, year) | Amount | MAILING ADDRESS | | | | | CITY | STATE | ZIP CODE | Occupation | | | |
| B. FULL NAME | | | Name of Employer | | Date (month, day, year) | Amount | | | | | | | | | | | | | | | | | |
| MAILING ADDRESS | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | STATE | ZIP CODE | Occupation | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> C. FULL NAME </td> <td colspan="2"> Name of Employer </td> <td rowspan="2"> Date (month, day, year) </td> <td rowspan="2"> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS </td> <td colspan="2"></td> </tr> <tr> <td> CITY </td> <td> STATE </td> <td> ZIP CODE </td> <td colspan="2"> Occupation </td> <td></td> <td></td> </tr> </table> | | | | | C. FULL NAME | | | Name of Employer | | Date (month, day, year) | Amount | MAILING ADDRESS | | | | | CITY | STATE | ZIP CODE | Occupation | | | |
| C. FULL NAME | | | Name of Employer | | Date (month, day, year) | Amount | | | | | | | | | | | | | | | | | |
| MAILING ADDRESS | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | STATE | ZIP CODE | Occupation | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> D. FULL NAME </td> <td colspan="2"> Name of Employer </td> <td rowspan="2"> Date (month, day, year) </td> <td rowspan="2"> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS </td> <td colspan="2"></td> </tr> <tr> <td> CITY </td> <td> STATE </td> <td> ZIP CODE </td> <td colspan="2"> Occupation </td> <td></td> <td></td> </tr> </table> | | | | | D. FULL NAME | | | Name of Employer | | Date (month, day, year) | Amount | MAILING ADDRESS | | | | | CITY | STATE | ZIP CODE | Occupation | | | |
| D. FULL NAME | | | Name of Employer | | Date (month, day, year) | Amount | | | | | | | | | | | | | | | | | |
| MAILING ADDRESS | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | STATE | ZIP CODE | Occupation | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> E. FULL NAME </td> <td colspan="2"> Name of Employer </td> <td rowspan="2"> Date (month, day, year) </td> <td rowspan="2"> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS </td> <td colspan="2"></td> </tr> <tr> <td> CITY </td> <td> STATE </td> <td> ZIP CODE </td> <td colspan="2"> Occupation </td> <td></td> <td></td> </tr> </table> | | | | | E. FULL NAME | | | Name of Employer | | Date (month, day, year) | Amount | MAILING ADDRESS | | | | | CITY | STATE | ZIP CODE | Occupation | | | |
| E. FULL NAME | | | Name of Employer | | Date (month, day, year) | Amount | | | | | | | | | | | | | | | | | |
| MAILING ADDRESS | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | STATE | ZIP CODE | Occupation | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE (optional) Jeffrey, Carson, , , <div style="text-align: right;">[Electronically Filed]</div> | | | | DATE 10/28/2016 | | For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100 | | | | | | | | | | | | | | | | | |

| | | |
|--|--|--|
| | | |
|--|--|--|

Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6
(Revised 03/2016)